

October 18, 2004

ROSALINDA LOPEZ  
TEXAS WORKERS COMP. COMMISSION  
AUSTIN, TX 78744-1609

CLAIMANT:

EMPLOYEE:

POLICY: M205000101/5278

CLIENT TRACKING NUMBER: M2-05-0001-01

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

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MRIOA has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

**Records Received:**

Records from TWCC:

- Notification of IRO Assignment, dated 9/10/04 - 9 pages

Records from Dr. B, MD:

- Follow-up report, dated 9/7/04, 6/29/04 - 2 pages
- Progress notes, dated 7/30/04, 6/25/04, 6/15/04, 5/26/04, 5/11/04, 4/27/04, 4/13/04, 3/30/04, 3/16/04, 3/3/04, 2/24/04 - 11 pages
- Initial medical report, dated 2/11/04 - 2 pages
- Initial medical evaluation, dated 2/11/04 - 2 pages
- MRI left knee by Fairmont Diagnostic Center, dated 2/3/04 - 1 page
- Orthopedic report by Dr. R, MD, dated 8/4/04, 7/21/04 - 4 pages
- Functional Capacity Evaluation by \_\_\_\_, PT, dated 5/17/04 - 2 pages
- FOCUS testing, dated 5/17/04 - 8 pages
- Orthopedic consult by Dr. R, dated 3/31/04 - 2 pages
- Exam by Dr. J, MD, dated 3/17/04 - 2 pages
- Physical therapy re-evaluations by \_\_\_\_, PT, dated 4/22/04, 3/15/04 - 4 pages
- Physical therapy evaluation by \_\_\_\_, PT, dated 2/16/04 - 3 pages

Records from Dr. R, MD:

- Cover letter to MRI from \_\_\_ (Flahive, Ogden & Latson law office), dated 9/17/04 – 2 pages
- Letter to TWCC from \_\_\_, dated 9/9/04 – 2 pages
- Medical Dispute Resolution Request/Response, dated 9/2/04 – 3 pages
- GENEX Texas Outpatient Non-Authorization Recommendation, dated 8/3/04, 8/10/04 – 4 pages
- Fax cover sheets, dated 9/9/04 – 2 pages
- Orthopedic report by Dr. R, dated 7/21/04 – 2 pages
- MRI left knee by Fairmont Diagnostic Center, dated 2/3/04 – 1 page
- Initial medical report by Dr. B, dated 2/11/04 – 2 pages
- Daily treatment notes by \_\_\_, PT, dated 2/23/04, 2/24/04, 2/25/04, 2/26/04, 2/27/04 – 5 pages
- Physical therapy evaluation by \_\_\_, PT, dated 2/16/04 – 2 pages
- Daily treatment notes by \_\_\_, PT, dated 2/16/04, 2/17/04, 2/18/04, 2/19/04, 2/20/04 – 5 pages
- Exam by Dr. J, MD, dated 3/17/04 – 2 pages
- Notification from TWCC addressed to Dr. R, dated 9/2/04 – 5 pages
- Orthopedic report by Dr. R, dated 8/4/04, 7/21/04 – 4 pages
- Orthopedic consult by Dr. R, dated 3/31/04 – 2 pages
- Workers' Healthcare Progress Note, dated 6/25/04, 6/15/04, 5/26/04, 5/11/04, 4/27/04, 4/13/04 – 6 pages
- Duplicates – 14 pages

Records from Fairmont Diagnostic Center:

- MRI left knee by Fairmont Diagnostic Center, dated 2/3/04 – 1 page
- Accident Details for DOI 1/29/04, dated 2/3/04 – 1 page

Records from Dr. J, MD:

- Work Comp Insurance Verification Form – 1 page
- Exam, dated 3/17/04 – 2 pages

**Summary of Treatment/Case History:**

The patient is a 34-year-old animal caretaker who reportedly fell onto both knees at work on \_\_\_\_\_. An MRI of the left knee dated 2/3/04 revealed evidence of a contusion or mild bursitis of the soft tissues anterior to the patella, thickening of the patellar insertion of the medial patellae retinaculum consistent with a contusion and minimal partial tear, and linear signals of the distal quadriceps tendon consistent with splitting or interstitial tears, but no evidence of internal derangement.

Dr. B examined the patient on 2/11/04 and documented that she had abrasions, swelling, and ecchymosis of both knees. The right knee symptoms resolved but the left knee remained symptomatic.

The left knee was difficult to evaluate because of knee pain with movement but it was documented that the ligaments appeared intact. Diagnosis was internal derangement of the left knee and physical therapy, ibuprofen, Darvocet N, and total disability were prescribed. A physical therapy evaluation dated 2/16/04 revealed constant left knee pain, decreased mobility, a popping noise, and pain with increased weight bearing. It was noted that the patient was unable to walk on uneven surfaces. Range of motion was

evaluated as zero to 80 degrees, 3-/5 strength, and an antalgic gait. Measurements of the upper leg at four and eight inches above the patella were equal bilaterally.

On 2/16/04 the patient was re-examined by Dr. B who noted that she had fallen and continued to have left knee pain with flexion. Examination noted medial joint line tenderness and the diagnosis of torn retinaculum were made. Physical therapy continued. On 3/3/04 Dr. B noted that the patient was working on her quadriceps strengthening and her examination noted a patella tilt. Over the counter anti-inflammatory medication was continued. Physical therapy progress report dated 3/15/04 indicated that the patient's motion had improved to zero to 118 degrees.

Dr. J examined the patient on 3/17/04 and noted a reciprocal gait, motion of zero to 120 degrees that was equal to the right knee, and quadriceps atrophy. X-rays were documented to show no pathology. Dr. J's diagnosis was contusion with left quadriceps atrophy and recommended aggressive rehabilitation and anti-inflammatory medication.

Dr. R evaluated the patient on 3/31/04 with continued left knee pain. Examination documented a mild antalgic gait to the left, a pop was elicited mid range underneath the patella, and tenderness under the medial and lateral patellar facets. Dr. R documented that the MRI showed bone marrow changes in the patella consistent with patellofemoral contusion. Diagnosis was patellofemoral contusion and anti-inflammatory medication, activity modification, and a rehabilitation protocol were prescribed. A physical therapy progress report dated 4/22/04 documented motion zero to 135 degrees and noted discomfort with superior and inferior passive patellar glide. The report documented that the patient was making steady progress however quadriceps atrophy persisted. On 6/15/04 Dr. B documented that the patient had abdominal surgery and would not be able to participate in an exercise program until 8/20/04.

Dr. R re-evaluated the patient on 7/21/04 with continued pain, popping, and grinding with give away of the left knee. Examination documented continued visible skin changes from the injury, pain with flexion, a reproducible pop with internal rotation of the left hip with the leg planted. Dr. R documented that the knee appeared ligamentously stable. According to the office note, Dr. R recommended arthroscopy and assumed he would find chondromalacia that would require a chondroplasty with lateral release.

As a result of denial for surgical authorization, Dr. R re-examined the patient on 8/4/04. The examination documented in the office note referenced the right knee instead of the left knee in question. Findings were noted as motion of zero to 120 degrees with increased pain no flexion, pain under the patella facet, smooth tracking of knee when the hip was externally rotated but with slight internal rotation of hip, there was a reproducible pop at the same place every time at approximately 80 degrees of knee flexion, and minimal to no effusion. Dr. R's diagnosis remained patella femoral chondromalacia and the arthroscopy was recommended because the MRI demonstrated mild thickening and increased signal of soft tissues anterior to the patella that represented a contusion and/or bursitis. According to the office note, the patient had exhausted non-operative care and had examination findings consistent to patella femoral chondromalacia that support the chondroplasty and lateral release.

**Questions for Review:**

1) Please advise medical necessity of the proposed chondroplasty of left patella #29877, lateral retinacular release #29873, regarding the above-mentioned injured worker.

**Explanation of Findings:**

This 34 year-old female suffered a slip and fall as a result of a vocational injury eight months ago, on 1/29/04, and suffered what was described as anterior blows to both knees. Her left knee has continued to remain symptomatic in spite of an extended course of conservative treatment. According to her treating physician's most recent notes, she continues to complain of pain in the anterior aspect of her knee. In addition, his examination is very specific about documenting a palpable pop as she moves through an arc of motion. It is noteworthy that MRI scans have been equivocal at this point in time. Dr. R's impression has been that of anterior knee pain refractory to conservative treatment and most likely due to patellar chondromalacia and/or extensor imbalance.

The recommendation for operative arthroscopy, patellar chondroplasty, and lateral retinacular release would be reasonable, in my opinion, at this point in time for the following reasons. The patient has failed an extended period of conservative treatment as documented in Dr. R's notes. This has included exercises, anti-inflammatories, and activity modification. Furthermore, the reproducible mechanical symptoms on examination would suggest extensor imbalance. In addition, MRI scans may very well miss areas of significant chondral changes that could either be posttraumatic and/or chronic that could be the source of her symptoms. As such, the examination would suggest patellar malalignment (condition amenable to lateral retinacular release) and persistent anterior knee pain quite likely due to chondromalacia either acute and/or chronic the proposed surgery would be reasonable and medically necessary.

**Conclusion/Decision to Certify:**

1) Please advise medical necessity of the proposed chondroplasty of left patella #29877, lateral retinacular release #29873, regarding the above-mentioned injured worker.

There is medical necessity for the proposed chondroplasty of left patella #29877, lateral retinacular release #29873, regarding the above-mentioned injured worker is recommended as medically necessary.

**Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:**

DeLee & Drez; Orthopedic Sports Medicine, Principles and Practices; Second Edition; Chapter 28, pg 1794-1797, pg 1808-1809, pg 1854-1855.

Install-Scott; Surgery of the Knee; Third Edition; Vol. 1; Chapter 46, pg 1019-1020, pg 1022-1023, pg 1026.

Campbell's Operative Orthopedics; Tenth Edition; Chapter 43, pg 2316-2317; Chapter 48, pg 2587-2589.

The physician providing this review is board certified in Orthopaedic Surgery. The reviewer is a member of the American Academy of Orthopaedic Surgeons, the American Medical Association, the Pennsylvania Medical Society, and the Pennsylvania Orthopaedic Society. The reviewer is certified in impairment rating evaluations through the Bureau of Workers Compensation. The reviewer has research and publication experience within their field of specialty. This reviewer has been in active practice since 1996.

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

#### YOUR RIGHT TO REQUEST A HEARING

Either party to the medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be receiving the TWCC chief Clerk of Proceedings within ten (10) days of your receipt of this decision as per 28 Texas Admin. Code 142.5.

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision as per Texas Admin. Code 102.4 (h) or 102.5 (d). A request for hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission  
POB 40669  
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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